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Specialty Spotlight



LCDR Joe DiClaro (NECE)
conducting mosquito
surveillance with the Ghana
Armed Forces Public Health
Team

More on page 11!

Newsletter Editor
LCDR V. Deguzman
Newsletter Staff
CDR A. Espiritu
LCDR C. Hartley
LT J. Becker
LT J. Jacesko
LT K. Maldarelli
LT R. Rabulan



FROM THE MSC DIRECTOR



Greetings MSC leaders,

As we continue to deal with the COVID-19 pandemic and discussion grows on how to best to reopen everything from the Military Health System to your favorite restaurant down the street, I have come to realize that our historically "normal" way of doing business won't return anytime soon. And this has me asking myself two questions. First, what is this "new normal" that everyone is talking about? Second, what does it mean for Navy Medicine and our Corps, for our staffs and coworkers, my family and yours, our neighbors, schools, and that favorite restaurant down the street? Tough questions without solid answers as I write this column.



While we may not have the answers we want at this time, I absolutely believe we are shaping this new normal, with the opportunity to make it even better than our original normal, at speeds that were unfathomable mere months ago. In doing so, our Corps is delivering on Navy Medicine's 4Ps (People, Platforms, Performance, and Power) because of you and your ability to be bold, side-step old assumptions, and gain the upper hand by using rapid-cycle feedback at the ground level. Because of your efforts and expertise that have enabled us to flex and innovate to meet the challenges presented by the pandemic, we are more aligned with our operational and installation commanders than ever, we have found ways to implement telehealth at a level that was years away, and we have learned that not everyone needs to be in one room or even the same building to accomplish the mission. Obstacle after obstacle, we have overcome.

Going forward, I would ask each of you to continue charting this course—be the difference-maker as you define our new normal and shape the future of how we do business, lead others, and practice within our many specialties. This is how we will continue to deliver medical power. With all this change going on, there are two constants that won't change—leading through service and taking care of each other and ourselves.

Stay well.





ALNAV Message 056/20

Date 5/13/2020

<https://www.public.navy.mil/bupers-npc/reference/messages/Documents/ALNAVS/ALN2020/ALN20056.txt>



Click the link below for board preparation:

Board Preparation

<https://www.public.navy.mil/bupers-npc/boards/activedutyofficer/Pages/default.aspx>

FROM THE CORPS CHIEFS OFFICE *BRAVO ZULU SHIPMATES!*

FY-21 Active Duty Navy Captain MSC Selections

Bailey, Jerry J. Carter, Willie D.

Coon, Scott D. Corpus, Noel M.

Gilliard, Richard Jr Grande, Michael J.

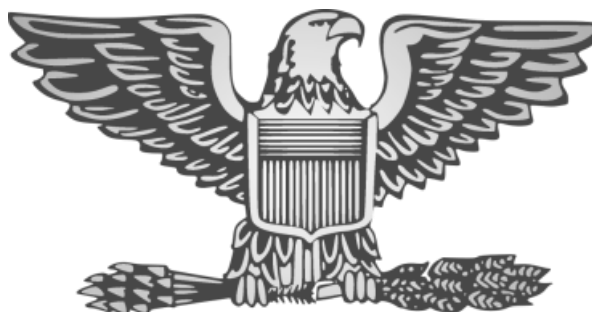
Jamerson, Matthew H.. Kelly, William E.

Lauby, Melissa D. Lowe, Michael A.

McMahon, Robert T. III Milavec, Stacie A.

Morlock, Marcy M. Wilfong, Erin R.

Desig	Above Zone			In Zone			Below Zone			Total	
	Elg	Sel	Pct	Elg	Sel	Pct	Elg	Sel	Pct	Sel	Pct
2300	93	4	4.30	28	10	35.71	88	0	0.00	14	50.00
Total	93	4	4.30	28	10	35.71	88	0	0.00	14	50.00



FROM THE CORPS CHIEF'S OFFICE

2020 LEWIS E. ANGELO PROFESSIONAL SYMPOSIUM (LEAPS) POSTER SESSION WINNERS



Non Clinical Category

Electronic Document Management (EDM) Program

Team Members:

LCDR Cherie Chenault

LCDR Michael Schwartz

Dr. Bill Barton

Mr. Josef Salami

Ms. Yolanda Shelton

Clinical Category

Optimization of the Sterile Compounding Program per Joint Commissions Standards

Navy Medicine East Regional Quality Collaborative

Team Members:

LCDR Jone Tillman
Champion

LT Sebastian Garcia
Pharmacist/Lead Belt/Process Owner

Dr. Rachelle Todman
QM/RM

Mr. Shawn Dewey
NME/M5 CLSSMBB

CUSTOMS AND HERITAGE

THE PLANKOWNER CHRONICLES: KNIGHT AND HURLBUT, NAVY ENTOMOLOGY PIONEERS

BY ANDRE B. SOBOCINSKI, HISTORIAN, BUMED

In June 1942, the Bureau of Medicine and Surgery (BUMED) spearheaded the Malaria and Epidemic Control Group, a Navy-led organization designed to “manage” systemic disease control in the South Pacific. As the combat theater of operations expanded across the warzone, the Control Group deployed individual Malaria Control units comprised of malariologists, laboratory technicians, SEABEE civil engineers and some of the first allied scientists in uniform. Among them was Dr. Kenneth Knight, the first uniformed entomologist deployed to a combat theater.

The native of Saunemin, Illinois, obtained his commission as an Ensign, Hospital-Volunteer Specialist (H-V(S), USNR in 1941. He briefly served in the Malaria Survey Unit, Marine Barracks, New River (Camp Lejeune), North Carolina before deployment to Efate and Guadalcanal. By the end of 1943, Knight was the leading entomologist in theater and oversaw all entomological activities for the Navy

and Army in the New Hebrides and the Solomons. In 1944, Knight was assigned to the Naval Medical Research Unit (NAMRU) No. 2. First conceived in 1943 by physician Capt. Thomas River, of the



Navy Malaria Control Unit on Guadalcanal in 1943.



Malaria control unit doing field work on Guadalcanal in 1943

Naval Reserve Unit at the Rockefeller Institute, NAMRU-2 was authorized by the Secretary of the Navy in January 1944 and established on Guam in November of that year.

Even before the lab was commissioned, Capt. Rivers deployed “mobile detachments” NAMRU-2 personnel into the field to investigate outbreaks or threats of disease across the Pacific Theater.

On New Guinea and the New Hebrides, Knight worked with fellow entomologist Lloyd Rozeboom on investigating the taxonomic problems related to malaria.

(Continued on the next page)

CUSTOMS AND HERITAGE

THE PLANKOWNER CHRONICLES: KNIGHT AND HURLBUT, NAVY ENTOMOLOGY PIONEERS

BY ANDRE B. SOBOCINSKI, HISTORIAN, BUMED

And on Peleliu and Ngesebus, entomologists Lt. Cmdr. Herbert Hurlbut and Lt. John Maple studied methods of insect control and introduced the dispersal of aerial spraying of the new insecticide DDT in the Pacific. Later in the war, Maple became NAMRU-2's only casualty when his plane crashed during a dispersal run on Okinawa.

A native of New York City, Dr. Hurlbut obtained his Navy commission in 1942 after years of working malaria control with the Tennessee Valley Authority. Like Knight, Hurlbut served with malaria control units on Efate and Guadalcanal prior to his role with NAMRU-2. His work on Peleliu would later earn him the Presidential Unit Citation.

In 1947, Hurlbut and Knight were among the first allied scientists sworn into the Medical Service Corps. Their field of entomology was originally one of 18 specialties in the nascent MSC Allied Sciences Section, which collectively accounted for 25 percent of the plankowner class. Both entomologists would go on to chart long and distinguished careers as MSC officer and each reaching the rank of Captain.

Hurlbut became a specialist in the field of virology and serve at the Naval Medical Research Institute (NMRI) in Bethesda, Maryland, as well as play instrumental roles at the Naval Medical Research Unit (NMRU) No. 3 in Cairo, Egypt and NAMRU-2 when it was re-established in Taipei, Taiwan.

Knight went on to become the Navy's leading authority on the *Anopheles* mosquito and conduct taxonomic studies of mosquitoes in Cairo, Eritrea, Yemen and Sinai. He also served as one of the first officers in charge of the Mosquito Control Unit No. 1 (now known as the Naval Entomology Center of Excellence) at the Naval Air Station Jacksonville, Florida.



NAMRU-2 Mobile Detachment in 1944

Sources:

Gray, David. "Optometry." *Many Services, One Corps: A Pictorial History of the U.S. Navy Medical Service Corps* (2nd Edition). Brookfield, MO: Donning Company Publishers, 2017.

Hurlbut, Herbert. Obituary. *Express News*, July 17, 2001. Accessed from *Legacy.com* on March 19, 2020.

Knight, Kenneth. *Navy Biography*. BUMED Biographical Files.

Sobocinski, André. "R&D Chronicles: The Story of Dr. Rivers and the Origin of NAMRU-2." *NMRC News*, 2017



MSC Detailers

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FROM THE DETAILERS

-PROMOTION SELECTION BOARDS: Promotion selection boards originally scheduled to convene on or after 24 March 2020 have been rescheduled. Eligibility and Letter to the Board due dates remain based on original convene dates published in [NAVADMIN 286/19](#). Refer to [NAVADMIN 144/20](#) for more information. <https://www.public.navy.mil/bupers-npc/boards/activedutyofficer/Pages/default.aspx>

--137/20: Publication of BUPERSINST 1610.10E (Evalman) Change One:
<https://www.public.navy.mil/bupersnpc/reference/instructions/BUPERSInstructions/Documents/1610.10.pdf> To achieve a warfighting advantage we must instill continuous learning behaviors in our Navy Total Force to broaden and deepen their warfighting knowledge, which will enable adaptation and improvement, and strengthen mission command to outthink and outfight any challenger to American interests. Reporting Seniors must document: All personal achievements in education and learning that contribute to a culture of continuous learning, improved knowledge and warfighting effectiveness at both the individual and unit level.

-Retirements/Separations:

-Retirements and separations continue without impact.
-105/20 Expanded Opportunity for Retention on Active-Duty in a Retired Status for Active Duty Officers with Pending Statutory Retirements
-89/10 - Retirements/separations desiring to extend in place 6-12 months. (Submission Deadline: 1 July)
Modification or Cancellation. All requests to modifying an existing request in NSIPS routing process at NAVPERSCOM level or canceling approved orders must be made in writing using Milpersman 1810-20 guidance, and must include a command endorsement. Scan and e-mail Adobe PDF to pers_835_retirements@navy.mil and Cc your detailer. All requests to cancel or modify approved retirement orders require flag officer approval, and additional processing time.

-Local PCS move/No Funding for Move. Gaining/losing agree then execute. If unable to agree on execution timelines coordinate with placement/detailers adjudication by PERS 44 – Order modifications are not always necessary.

-Non Local/Non New Accession PCS Waiver Required if moving prior to 30 June: Version 8, available on MyNavyPortal.

-Entitlement questions should be directed to command and PSDs, see JTR link below.

-ALNAVs: <https://www.public.navy.mil/bupersnpc/reference/messages/Pages/default2.aspx>
-147/20: Guidance to Commanders on Adjusting Health Protection Conditions and Base Services
-141/20: Academic Year 2020-2021 Naval War College Fleet Seminar Program
-126/20: Protection of Service Members and Families Executing Inbound/Outbound HHG Goods Moves
-113/20 Restriction of Movement (ROM) Guidance Update

Useful Websites:

-Centers For Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
-Joint Travel Regulation (JTR): https://www.defensetravel.dod.mil/site/news_Coronavirus.cfm
-DoD COVID-19 Policies: <https://www.defense.gov/explore/spotlight/coronavirus>
-USTRANSCOM Defense Personal Property: <https://www.ustranscom.mil/dp3/index.cfm> or <https://www.ustranscom.mil/dp3/advisory.cfm> (Click: PP Advisories, most recent at bottom)

-ORDERS RELEASE UPDATE:

Orders are currently being released through Nov 2020. Due to high volume order modifications, new orders and order modifications release has been impacted/delayed. Appropriate adjustments will be employed if lead times affect mission/PCS execution. Retirement/resignation/ accession orders are being released nine months prior to PRD for OCONUS and six months prior to PRD for CONUS personnel.

-NEGOTIATING ORDERS:

We are currently focusing our efforts on members directly impacted by PCS All Stop. If you are one year or less away from your projected rotation date (PRD) and have not already begun discussing the PCS plan with your Specialty Leader and Detailer, please reach out to them to initiate communication.

RESERVE UPDATE

BY: CAPT KATHERINE ORMSBEE, MSC, USN
RESERVE AFFAIRS OFFICER, MEDICAL SERVICE CORPS

The Navy Reserve Entomology community provides critical support to not only its Active Duty counterparts, but to a variety of other Navy missions as well. There are six Reserve Entomology billets spread across west and east coast FDPMU teams (2), 4th Medical Battalion (3), and Marine Forces Reserve HQ

Group (1). Currently the community is made up of four entomologists, with a fifth whose primary NOBC is now as an EHO. They fill civilian jobs in industry, academia (university and secondary), and government (state health department).

Although entomology is their primary specialty and is what most Reserve Entomologists focus on in their daily civilian jobs, success in the Navy Reserves requires developing and applying a variety of skillsets. This has resulted in many Reserve Entomologists acquiring secondary subspecialty codes as POMIs, PADs, and/or EHOs. Reserve Entomologists have served as Directors for Administration (DFAs), Deputy Surgeons at joint commands, Medical Planners, and Patient Movement officers for their respective units. With the lockdown caused the COVID19 pandemic, Reserve Entomologists have all pivoted into new postures for their Navy and civilian jobs, using online tools to drill with their Navy units, meet with clients, educate students or conduct COVID19 case investigations and contact tracing. The diversity of skillsets that Reserve Entomologists bring to the Navy contributes significantly towards ensuring we have a highly adaptable and nimble Navy medical team.

Got photos?

*Route your requests via your chain of command and send them to the **Corps Chief's Office** with the following information:*

1. Location of picture
2. Rank/Full Name/Specialty of all Officers in picture
3. Suggested caption

Navy Reserve Entomology Billets

FDPMU – 2 billets

USMC 4th Medical Battalion – 3 billets

US Marine Forces Reserve HQ Group – 1 billet



RESERVE UPDATE

BY: CAPT KATHERINE ORMSBEE, MSC, USN
RESERVE AFFAIRS OFFICER, MEDICAL SERVICE CORPS



Navy EHO/Entomologist LCDR Scott Sawlis directs his litter bearing team during Exercise Blue Thunder 2014.



LCDR Anne Thornton, USS McHenry, PANAMAX 2018



GUAM – EMF CP. CDR Martinez Pena, MSC Med Tech working in support of COVID-19 response in Guam.



Arctic Care 2013, Kotzebue, AK. Pictured (L-R): RDML Moritz and CAPT Dykstra (AOIC) dancing at Cultural Event.



GUAM – CDR Martinez Pena, MSC Med Tech, outside of U.S. Naval Hospital, Guam.



CAPT Liz Dykstra, Senior Female Entomologist, stands by a Blue Angels F18 Hornet following her promotion to Captain.

TACKLING THE ASIAN GIANT HORNET THREAT

BY: CAPT LIZ DYKSTRA, MSC, USN
PUBLIC HEALTH ENTOMOLOGIST, WASHINGTON STATE
DEPARTMENT OF HEALTH

Washington State is on the look-out for signs that the Asian giant hornet (*Vespa mandarinia*), the world's largest hornet, is establishing itself in the state. Initially detected in British Columbia in summer and fall of 2019, two specimens were collected in Washington in December 2019, just south of the Canadian border. Four additional reports from local beekeepers that were considered credible, suggested that the hornet may be more widespread than originally thought.



While it's unknown how they arrived in North America, international shipping is considered a likely cause. Genetic analysis of specimens show that the Canadian colony originated in Japan while at least one of the Washington hornets arrived from South Korea.

Measuring 1.5-2 inches long with large, light-orange heads, prominent black eyes, and black and light-orange striped abdomens, Asian giant hornets nest in the ground, with forested areas being a preferred habitat. The queen hornet usually emerges from overwintering in April and feeds predominantly on tree sap as she builds



Murder Hornet AKA Asian Giant Hornet

her colony of worker hornets. By late summer or early fall, the worker hornets begin foraging in search of protein to feed their larvae. Honey bees are a favorite target. A team of 20-30 hornets can massacre a 30,000-bee colony in just a few hours, decapitating the bees as they take over the hive. Honey bee larvae are then carried off to feed the hornets' developing nest mates.

Though they are typically not interested in humans, pets or large animals, they can inflict a nasty sting if threatened or their nest is disturbed. These hornets are equipped with a stinger long enough to easily penetrate

a standard beekeeper's suit. Even though the hornet's venom is less toxic than a honeybee's, Asian giant hornet stings can be more dangerous because they inject a larger dose of venom and a single hornet can sting multiple times.

(Continued on the next page)

TACKLING THE ASIAN GIANT HORNET THREAT

BY: CAPT LIZ DYKSTRA, MSC, USN
PUBLIC HEALTH ENTOMOLOGIST, WASHINGTON STATE
DEPARTMENT OF HEALTH



Massacre of a Bee Colony (Photo by: T. McFall)

Additionally, their venom contains necrotizing properties, which can cause local tissue necrosis around the sting site. While localized tissue necrosis and massive pain are the most likely outcomes of a sting, the Washington State Department of Health has worked closely with the state's Department of Agriculture to develop [public health messaging](#) on how to respond if stung by one or more of these hornets.

The main concern about Asian giant hornets is the substantial threat they pose to honeybees, for which

they have a voracious appetite. The European honey bee used by beekeepers in North America has no defense against Asian giant hornet attacks. If the hornet becomes established here, it could endanger our bee population, which would have a domino effect on the country's food supply. A lack of pollinators would impact the availability of fruits, vegetables, and nuts as well as animal feed.

The Washington State Department of Agriculture (WSDA) is currently working with local beekeepers and citizen volunteers as part of an all-out effort to track down and eradicate any hornet nests. Plastic bottles baited with rice cooking wine and orange juice have been deployed across the northwestern counties of the state and are checked weekly for Asian giant hornet specimens. Catching and eliminating queens now before they establish any large nests is critical to stopping the establishment of this intruder.

To learn more about the Asian giant hornet and to stay up to date on current response activities, visit WSDA's Asian giant hornet website at <https://agr.wa.gov/hornets> and follow their activities on Facebook at [Asian Giant Hornet Watch](#).

SPECIALTY SPOTLIGHT

ENTOMOLOGY (1850)

**BY: LCDR JAMES DUNFORD, SPECIALTY LEADER &
LCDR JEFF HERTZ, ASST. SPECIALTY LEADER**



Greetings Fellow MSCs! We are excited to be able to share a glimpse of what the incredible officers in our community do to support Navy Medicine and the Department of Defense. We have come a long way from our community's revered beginnings leading vector control teams to battle malaria in the island jungles throughout the Western Pacific. Our most recent engagements have been dominated by the loathed, day-biting *Aedes* mosquitoes. Populations of these mosquitoes are rapidly expanding globally, which puts our worldwide deployable force at great risk to viral diseases, such as dengue fever and chikungunya. Today, Navy entomologists are also on the frontlines assisting our public health counterparts in Navy Medicine's response to COVID-19.

Navy Medicine employs entomologists as mission-critical, force health protection specialists to ensure the readiness of operational forces. Our community's technical skillset provides robust prevention, response, research, analysis, vector surveillance and control capabilities. Our academic and professional training opportunities develops our officers to excel as complex problem solvers, communicators, and naval leaders. The community is comprised of approximately 60% of doctorate and 40% masters level specialists.

Navy entomologist's are primarily billeted at Navy Environmental and Preventive Medicine Units (NEPMUs) and at the Navy Entomology Center of Excellence (NECE). Operationally, 35% of entomologists are embedded in Forward Deployed Preventive Medicine Units (FDPMU) and within Marine Corps Medical Battalions. Advanced research is conducted by entomologists at the Navy Medical Research Units (NAMRUs) and at other federal agencies. Our entomologists educate cadets and students at the Air Force Academy and the Uniformed Services University. Others are billeted to advise and implement policy for Navy Medicine and the Department of Defense. The community has several officers serving in Executive Medicine and other key leadership roles, to currently include XO at NAMRU-6, OICs at NECE/NEPMU-5, and Director of the Armed Forces Pest Management Board.

(Continued on the next page)

Subspecialty Code: 1850

Active Component End Strength

Primary = 41

Secondary = 03 (2 POMI, 1 EHO)

DUINS = 3

Billets

BSO 02 = 02

BSO 18 = 32

BSO 27 = 06

CONUS/OCONUS = 33/07

Reserve Component

End Strength = 06

Billets

BSO 18 = 02

BSO 27 = 04



US NAVY

SPECIALTY SPOTLIGHT

ENTOMOLOGY (1850)

**BY: LCDR JAMES DUNFORD, SPECIALTY LEADER &
LCDR JEFF HERTZ, ASST. SPECIALTY LEADER**



Operational Readiness. Entomologists at the NEPMUs in Norfolk, Virginia (#2), San Diego, California (#5), Honolulu, Hawaii (#6), and Rota, Spain (#7) and NECE in Jacksonville, Florida support theater-specific force readiness through entomological technical assist visits, support services, and pest management training. Services range from pest inspections aboard ships to comprehensive vector surveillance and control support to forward basing areas. NEPMU entomologists also teach the DoD certification for the proper and safe use of pesticides afloat and ashore. Global Health Engagements (GHE) are another critical mission support area that NEPMU and NECE entomologists frequently support. GHE opportunities are tasked directly like Operation Enduring Promise, Continuing Promise, and Pacific Partnership, but others are initiated by our entomologists to strengthen public health infrastructure across all AORs.

Operational Support. FDPMU entomologists are located at all of the NEPMUs except for NEPMU-7. These entomologists have very specific mission requirements and are involved in a rigorous training pipeline to meet the unit's essential tasks. These entomologists are called upon to deploy globally as a small modular vector control team or with the complete FDPMU to support the force health protection needs of larger contingency operations. Medical Battalion entomologists serve at Camp Lejeune, North Carolina, Camp Pendleton, California, and Okinawa, Japan. These entomologists are responsible to man, train, and equip the preventive medicine vector control teams that support the Marine Expeditionary Force. Entomologists typically teach critical skills to PMTs through Operational Preventive Medicine Training and scheduled theater security exercises such as Tiger Triumph.

(Continued on the next page)



LCDR Joe DiClaro (NECE) conducting mosquito surveillance with the Ghana Armed Forces Public Health Team as part of the Global Health Engagement Research-funded project supporting the African Malaria Task Force.



LCDR Jennifer Knapp (3D MED BN, Center) with fellow Tiger Triumph 2019 Medical Planners at the opening ceremony for the inaugural joint exercise between the United States and India. LCDR Knapp was the lead Medical Planner and Officer in Charge of all medical lines of effort.



LT Elizabeth Gerardo (NEPMU-5) demonstrating tick collection techniques to US Navy and US Marine Corps assigned Preventive Medicine Technicians.

“Navy entomologists are mission-critical, force health protection specialists”

SPECIALTY SPOTLIGHT

ENTOMOLOGY (1850)

BY: LCDR JAMES DUNFORD, SPECIALTY LEADER &
LCDR JEFF HERTZ, ASST. SPECIALTY LEADER



LT Talbeth Cohen (NECE) demonstrating the mobile platforms in NECE's 'Sea Raven' program to LCDR Michael Fisher (NAMRU-6) in Lima, Peru.



LCDR James Harwood (NAMRU-3) collects larval and adult malaria vectors that were breeding in tires on Camp Lemonnier, Djibouti.



LT Jodi Fiorenzano (NAMRU-2, top right) meets with Dr. Rithea, Director, National Dengue Control Program, to discuss on-going and future collaborations to combat *Aedes aegypti* in Cambodia.

Research. Research entomologists serve at the NAMRUs in Singapore (#2), Sigonella, Italy (#3), and Lima, Peru (#6). These entomologists focus on developing new tools (e.g. vaccines, new traps, etc.) and control strategies to mitigate vector-borne diseases affecting the Warfighter in a variety of different environments in their respective AORs. Often, these billets are diplomatically assigned to allow maximum collaboration with the host-nation Ministry of Health and international agencies, such as the World Health Organization. Research entomologists stationed domestically conduct similar work while assigned to NECE, the Naval Medical Research Center (NMRC) in Silver Spring, Maryland, the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia and the United States Department of Agriculture Center for Medical, Agricultural, and Veterinary Entomology (CMAVE) in Gainesville, Florida. NECE has a uniquely important mission to test and evaluate vector control products to be used as the DoD standards in authorized medical allowance lists. The NMRC is the glue that links many existing global collaborations and catalyzes the development of new ones. The CDC entomologist is directly involved in the research efforts supporting the President's Malaria Initiative in Liberia, Rwanda, and Sierra Leone. Entomologists assigned to CMAVE are on the cutting edge of novel insecticide resistance tools that will be critical when battling vector-borne disease without effective treatment or chemoprophylaxis.

"Navy entomologists develop new tools and control strategies to protect the Warfighter"

Policy. Two entomologists are assigned to the Navy and Marine Corps Public Health Center (NMCPHC) in Portsmouth, Virginia and two more are assigned to the Armed Forces Pest Management Board (AFPMB) in Silver Spring, Maryland. The NMCPHC entomologists advise policy and validate taskers to support public health initiatives across the Navy and Marine Corps. The AFPMB is a joint command that is the technical authority on all matters relating to pest management in the DoD. CAPT Eric Hoffman is the current Director of the AFPMB.

(Continued on the next page)

SPECIALTY SPOTLIGHT

ENTOMOLOGY (1850)

**BY: LCDR JAMES DUNFORD, SPECIALTY LEADER &
LCDR JEFF HERTZ, ASST. SPECIALTY LEADER**



Academic. The entomologists assigned as Assistant Professors to the U.S. Air Force Academy near Colorado Springs, Colorado and the Uniformed Services University in Bethesda, Maryland are responsible teaching general biology and vector biology, surveillance and control to the DoD's future medical professionals. Under the leadership of LCDR Dunford and retired Navy entomologist Dr. James English, USU has revamped the entomology graduate program, to include an MS (new program) and PhD curriculum in Vector Biology and Parasitology, to support DoD enlisted to commissioning (e.g. MSC-IPP) and duty under instruction (e.g. DUINS) programs as well as similar programs for the Army and Air Force. Currently, the Navy Entomology community currently has two DUINS students attending civilian universities to obtain doctorate degrees and two Hospital Corpsman MSC-IPP students attending the University of Florida to obtain master's degrees.

Executive Medicine. As with other MSC specialties, Navy entomologists get the opportunity to serve in a variety of Executive Medicine and other key Navy leadership roles. Historically, our community has been fortunate to develop the skills needed to serve as Commanding Officer, Executive Officers, and OICs, and other high profile assignments such as detailers and Corps Chief staff. Today, three entomologists serve in Executive Medicine roles. CAPT George Schoeler is the OIC of NECE, CAPT Peter Obenauer is the OIC at NEPMU-5, and CDR Kathryn Barnes is the XO of NAMRU-6. One entomologist, LCDR Ryan Aylsworth, has recently been assigned as the MSC Health Sciences detailer.

COVID-19. As with the entire MSC community, COVID-19 has presented new opportunities for service and leadership during this global public health emergency. As such, our community has risen to the call. Entomologists are working around the clock to help determine, validate and deploy COVID support requirements from NMCPHC. Active Duty and Reserve Entomologists at the NEPMUs and NECE have identified and assisted with the deployment of personnel to support those requirements. Our OCONUS entomologists worked with the Department of State to locate and assist all Americans living overseas who wanted to repatriate home. LT Knapp (3D MED BN) was the OIC of the 90 person 'Task Force Medical' team that was deployed to Guam to support the USS Theodore Roosevelt (CVN 71) outbreak.

(Continued on the next page)



LCDR James Dunford teaching vector biology to USU medical students.



CDR Kathryn Barnes (NAMRU-6) and CDR Delgado (Student, Peruvian War College) assists in the repatriation of more than 6,800 American citizens from Peru as part of the COVID-19 response.



LCDR Jennifer Knapp (3D MED BN, Center) discusses protocols for assessing, managing and treating COVID positive sailors with LCDR Greg Wolfley of U.S. Naval Hospital Guam in support of the USS Theodore Roosevelt (CVN 71).

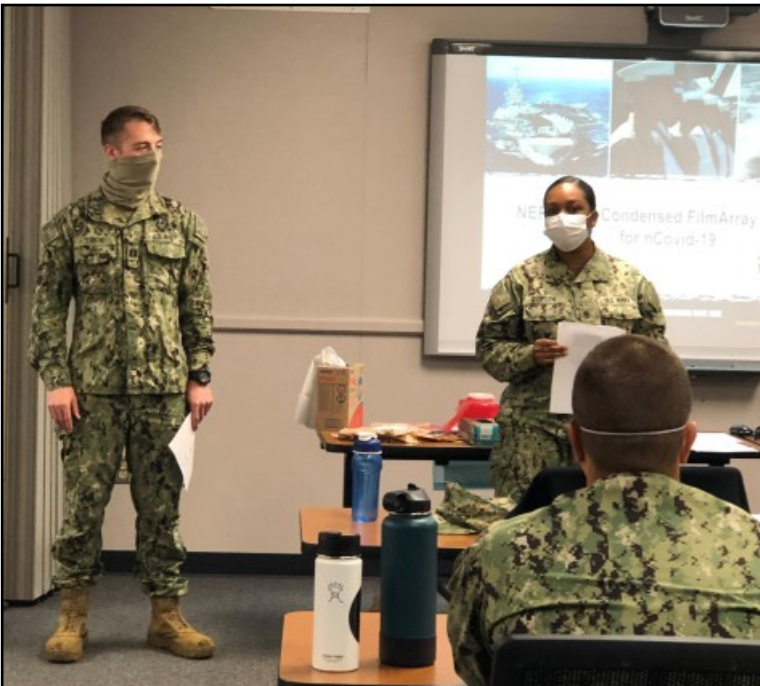
SPECIALTY SPOTLIGHT

ENTOMOLOGY (1850)

*BY: LCDR JAMES DUNFORD, SPECIALTY LEADER &
LCDR JEFF HERTZ, ASST. SPECIALTY LEADER*



Pictured (Left): LT Elizabeth Gerardo (L) and LT Riley Tedrow (R) treating uniforms for the USS COMSTOCK and Pacific Partnership-20 while also participating in a Uniformed Services University study exploring permethrin exposure risks to applicators and the working party. Pictured (Right): LCDR Scott Sawlis, Detachment Director for Administration. In support of COVID-19 Outbreak Response mobilized with EMF Camp Pendleton, currently stationed at USNMRTC Twentynine Palms, CA takes a break to inspect for mosquito larvae.



LT Tedrow (NEPMU-5, left) assists in BioFire Film Array training in support of COVID-19 response.



LT Arimoto (NEPMU-5) collects ticks aboard military training areas.

HAVE YOU DONE YOUR DMHRSi?

**BY: LCDR KRISTOFFER REYES, LCDR MICHAEL SCHWARTZ,
AND LTJG TIM RICHARDSON**

What is DMHRSi?

You're probably tired of hearing, "have you done your DMHRSi?" but there is a very good reason leadership at all levels is pressuring you and your teams to complete your timecards on time and accurately. Defense Medical Human Resource System-internet or DMHRSi is a joint web-based system that manages human resources for the Defense Health Agency (DHA). DMHRSi provides visibility at the department, command, region, service and DHA level for essential manpower, human resource, labor cost, education, training and most important of all; readiness data. DMHRSi is a high priority across the DHA and Navy Medicine. RADM Gillingham stated in his day one message that Navy Medicine is going to focus on using data driven decisions to optimize a medically ready force and ready medical force. Furthermore, he elaborated, improving DMHRSi through automation is a key principle in enhancing our performance to our warfighters. We need to use high reliability principles, appreciative inquiry, artificial intelligence, partnerships and data driven decision making to posture Navy Medicine to meet that challenge.

Why is it important?

As the DHA completes its acquisition of the Health Care Delivery mission of the Military Health System, we are bearing witness to the greatest overhaul of military medicine in our lifetimes. With this comes a significant change in our funding, manpower, and systems. The DHA is using DMHRSi data to make resource decisions about our manning in the out years. Historically commands have had poor DMHRSi compliance and accuracy. If Navy Medicine does not address these accuracy issues quickly, there will be long term implications. As Program Objective Memorandum 2020 and 2021 (POM20 and POM21) unfolds, we must do a better job of reporting how efficient Navy Medicine is. Under or over reporting of our training, readiness and time spent with patients will impact not just our individual commands but others who will have to compete for the limited amount of resources across the military medicine enterprise.



How is it relevant to our jobs/roles?

This may sound daunting but the great news is that we can rely on high reliability principles to accurately reflect the work we perform daily to higher headquarters. By utilizing evidence-based best practices, Navy Medicine can ensure commands report workload in a standardized manner that is easy replicated across the enterprise. Commands have been using features of DMHRSi for over a decade, but now more than ever, the emphasis of "how" a timecard is completed must be managed to the deck-plate. Historically, many departments have only one user designated as a "timecard approver" to complete timecards for their departments but over time this approach has proved to be ineffective. Many of these timecard approvers had simply reported 8 hours a day, 5 days a week for their staff, better known as "crazy eights." This method fails to accurately record the time spent on readiness, training, and administration.

(Continued on the next page)

*BY: LCDR KRISTOFFER REYES, LCDR MICHAEL SCHWARTZ,
AND LTJG TIM RICHARDSON*

What is being done to improve DMHRSi?

What best practices have been identified?

(1) Create individual templates based upon the employee routine. The activity DMHRSi Manager should work with the timecard approvers, and users to create templates. Ensuring the right time codes are used for holidays, special liberty, training, and PT are essential for accurate reporting.

Figure 1. Sample DMHRSi Timecard

Time Entry | Timecard Search | Templates | Create Timecard

Recent Timecards: SMITH, JOHN A, 5377

Time Entry: SMITH, JOHN A, 5377

Period: June 24, 2007 - July 07, 2007~

Comments: SMITH, JOHN A, 5377

Template:

☐ Overwrite

Project	Task	Task Name	Type	Person Type	Sun, Jun 24	Mon, Jun 25	Tue, Jun 26	Wed, Jun 27	Thu, Jun 28	Fri, Jun 29	Sat, Jun 30	Sun, Jul 01	Mon, Jul 02	Tue, Jul 03	Wed, Jul 04	Thu, Jul 05	Fri, Jul 06	Sat, Jul 07	Total
1000071	BDAA_A0	PEDIATRIC CLJ	REGULAR-St	Active Duty	0	8						0							
1000071	AAAA_A0	INTERNAL MEI	REGULAR-St	Active Duty															
Add Another Row Recalculate					0	8	0	0	0	0	0	0	0	0	0	0	0	0	

Template Name:

Save As A Template

(3) DMHRSi Analysis. NMC Camp Lejeune utilizes “DART” DMHRSi Analysis and Reporting Tool and G-Code catcher. These tools use raw data to create reports that drill into directorates’ timecard submissions in order to identify areas for improvement allowing leadership to have greater insight into team performance and time code trends.

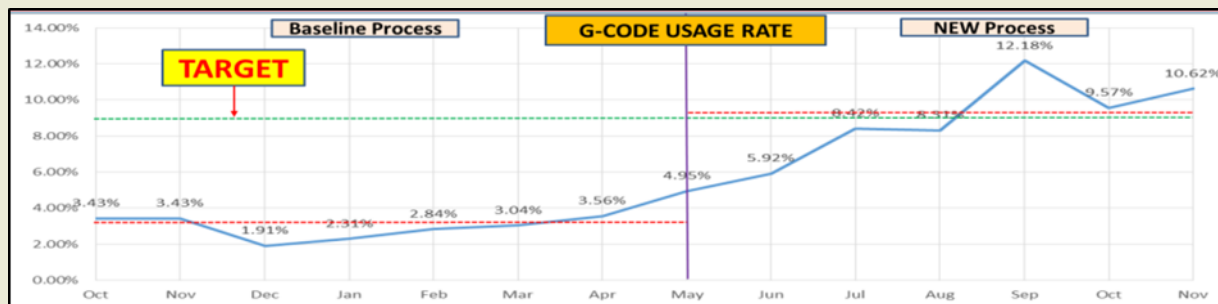
(Continued on the next page)

HAVE YOU DONE YOUR DMHR*Si*?

**BY: LCDR KRISTOFFER REYES, LCDR MICHAEL SCHWARTZ,
AND LTJG TIM RICHARDSON**

Similar efforts which use a methodical approach to improve accurate timecard compliance using meta-data analysis and reporting have been identified at NMRTCs Pearl Harbor, Okinawa, and Guam.

Figure 2. G-Code Usage Rate NMC Lejeune



(4) Metrics/Command benchmarking. Validate command baselines and establish command targets. Additionally identify commands like yours, compare reported times spent in the clinical, administrative, and readiness areas by skill type and labor type, try to understand the differences.

Figure 3. NHCL's Metric Benchmarks

Measure	Baseline	Target	GAP	Source	Deadline
Timecard Non-comp Rate	24.20%	5%	19.20%	NMCCL	1-Jan-20
G-Code Usage Rate	3.18%	9%	5.82%	NMCCL	1-Jan-20
Single Task Reporting Rate	53.74%	25%	28.74%	NMCCL	1-Jan-20

What's next?

Get to work! Champion DMHR*Si* in your area, generate buy in from your staff, and ask for support from your activity DMHR*Si* Manager. Embrace a high velocity learning environment today to improve DMHR*Si* in your area.

Swarm- Identify DMHR*Si* deficiencies in your area(s).

Solve- Ensure user templates are correct for each skill type and time cards are submitted timely.

Share- Train your staff on DMHR*Si*: why it is important, the proper use of how to use time codes/tasks, and ensure the timely completion and submission of timecards.

Sustain- Establish a reporting mechanism is in place to ensure your areas remain in compliance.

Changing culture is hard, but these best practices are something that you can start today. Keys to your success include, establishing a culture with leadership buy-in, educate all personnel on the impacts of improper DMHR*Si* submission, empower your timekeepers, and establish a feedback mechanism to correct deficiencies. If you have any questions or need assistance, don't hesitate to reach out to your local Resource Management team.

UTILIZE HELIOTROPIC LEADERSHIP TO GAIN GREATER RESULTS

BY: LCDR MATT SHIPMAN AND LCDR KATHERINE DOZIER

Introduction

Heliotropic leadership is a form of management developed in part by Kim Cameron and is based on the principles of the heliotropic effect, whereby plants, or in this case people, grow towards the sun^{1,2}. This approach to leadership is about creating an environment where the emphasis is on strengths more so than weaknesses, and focuses on creating a positive environment to bring out the best in your team. Often, organizations will focus on the negative, particularly during difficult times, which can create a toxic environment. Toxic work environments have a tendency to cause people to retreat back into themselves, reducing their potential, and causing teams to fall short of expectations. Heliotropic leaders emphasize what people do well, and strategize on how to utilize these strengths to overcome challenging situations, typically leading their teams to outperform expectations. This is not about ignoring or minimizing weaknesses, but rather taking an objective evaluation of a team's strengths and weaknesses and helping to build on those strengths³. This, in turn, creates a positive environment where staff are more engaged and better able to overcome challenges, ultimately performing better³.

Leaders who listen and who take an interest in their people, demonstrate they care. Coupled with authenticity, honesty, and forgiveness they can create a positive environment where people feel appreciated, and know they won't be punished for missteps. Personnel will tend to perform best if their efforts are valued by their leaders. Forgiveness is necessary, allowing your team to make an honest mistake especially when taking calculated risks will facilitate communication and trust². We've all had a moment or two when we realized that we made a mistake or stuck our necks out and got it wrong. When such errors are treated as a learning experience, people are more comfortable taking risks and using their ingenuity to solve problems. Leadership that micro-manages or creates a punitive environment will stifle employee motivation and ingenuity, or even more detrimental to the mission, individuals may be afraid to come forward when they notice a problem.

Case Studies

Rocky Flats

In 1994, the Rocky Flats nuclear facility near Denver Colorado was deemed one of the 'most dangerous buildings in America'^{1,4}. At the time, the facility had been raided by the FBI, morale was low and the culture at the facility was toxic, to say nothing of the facility itself⁴. With over 100 tons of plutonium and significant amounts of low-level radioactive waste, it was estimated that it would take 70 years and \$36 billion (~\$62 billion in 2020 dollars) to cleanup^{1,4}. Cornell, Howland, Hayes & Merryfield (CH2M) and Clair A. Hill & Associates (Hill) won the contract to cleanup and to close the site, and did so in 10 years, for \$6 billion and significantly cleaner than required¹, so much so that part of the facility is now a national wildlife refuge and open to the public. CH2M HILL's leadership was directly credited with creating a positive environment where previously antagonistic groups were able to find a way to engage and to work together¹, ultimately developing over 200 innovative solutions that were more effective than what, at the time, was standard practice. By creating a positive environment in a challenging situation, CH2M HILL's on site management team was able to demonstrate that personnel were valued. To illustrate, the site went from over 900 complaints in 1994 to the best environment the steel workers union boss had ever seen¹. Management turned attention away from the negativity and cultural toxicity that was the norm at the facility and redirected it in a positive manner towards what could be. By focusing on the future and emphasizing the unique capabilities of the Rocky Flats workforce, CH2M HILL created an environment where their team exceeded expectations in difficult, dangerous circumstances and outperformed even the most generous predictions by a wide margin.

Chrysler

An early example of heliotropic leadership was the turnaround at Chrysler in the 1980s^{1,5}. In 1979, when Lee Iacocca took over, Chrysler was saddled with \$4.57 billion in debt (~\$16 billion in inflation adjusted dollars) due to years of poor business choices as well as an executive suite that lacked situational awareness and did not understand the nuts and bolts of running the business^{1,5}.

(Continued on the next page)

UTILIZE HELIOTROPIC LEADERSHIP TO GAIN GREATER RESULTS

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In part, the company was maintaining levels of production regardless of sales, had no insight into consumer demand and was simply storing excess cars in rented locations at considerable expense^{1,5}. In short, Chrysler was focused solely on short term gains and had no long term vision at the time Iacocca was hired. Complete failure of the company was a real possibility, with forecasts of 700,000+ jobs lost, a major ripple effect on the economy and potential impact on national security (Chrysler held the contract to build the M-1 Abrams)⁶. In five years, Iacocca transformed Chrysler from bankruptcy to record profits and innovative new product lines. Iacocca wasn't shy about his assessments, he was honest in his evaluations and wasn't afraid to make difficult choices to end unprofitable product lines, shut down plants, or enact other cost saving approaches. Despite this, analysis of his speeches shows a high level of positivity despite the dire straits the company was in and the actions the company was forced to take¹. Iacocca wasn't trying to gloss over organizational weaknesses, his speeches were regarded as authentic, and executives at Chrysler cited the positive energy he generated as the key factor in Chrysler's transformation¹. This example provides key lessons in heliotropic leadership. Iacocca was authentic, honest and objective. He established a communication dynamic that earned him a significant amount of trust that enabled him to make the hard choices to close plants and lay off workers, yet maintain the support he needed to pull Chrysler through. Simply put, people believed him and believed in his vision.

Conclusion

Heliotropic leadership has been shown to be an effective way to lead, by creating a positive environment that allows personnel to grow and to flourish. Even during strenuous times, Heliotropic Leadership maintains morale, increases productivity, and boosts creativity. As outlined in the examples above, heliotropic leaders create an environment where personnel feel appreciated, and are willing to apply their expertise and creativity to solve challenging problems. Rocky Flats was a particularly extreme example where fresh leadership came in, reminded their highly qualified workforce of where their strengths lay and created an environment where people and innovation were prized. CH2MHILL got Rocky Flats personnel to believe in a better future, and to believe in each other. The abrupt turnaround was remarkable, resulting in a multigenerational cleanup effort being completed in a handful of years. At Chrysler, Lee Iacocca saw what made Chrysler a competitive company, and he constantly reminded people of that, creating a positive environment, even as he had to make difficult decisions regarding personnel and infrastructure to position Chrysler for future success. The results spoke for themselves, taking a company on the verge of failure and returning it to a major competitive status in just five years. In both cases, leadership focused on their team's strengths, demonstrated how much they valued their people, and overcame significant challenges to accomplish their missions. In heliotropic environments, people flourish knowing their efforts are valued and that their leadership is invested in them. This knowledge helps people believe in themselves and each other, allowing them to coalesce into functional teams to achieve desired objectives using their strengths, creativity, and innovation.

References:

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5. Wall TA; 2010; Saving America's Automobile Industry: The Bailouts of 1979 and 2009, an Overview of the Economic Conditions, Factors for Failure, Governmental Interventions and Public Reactions; Claremont College Senior Theses Paper 43.
6. Seabury C; 2019; 1979 Government Bailout of Chrysler: A Retrospective; <https://www.investopedia.com/articles/economics/chrysler-bailout.asp>. Last Checked February 2020.

MSCs IN FOCUS



Guam – Expeditionary Medical Support 25 (EMEDS-25), from Joint Base Elmendorf/Richardson (JBER), set up adjacent to US Naval Hospital (USNH) Guam. EMEDS-25 medical support provided by 673rd Medical Group/JBER and 36th Medical Group/Andersen Air Force Base (AAFB). Mobile hospital overflow capabilities provided in response to COVID-19 pandemic.



Guam – EMEDS-25 and USNH Guam, Patient Administration (Fleet Liaison) staff. Pictured: (L-R) LT Jonathan Tablada (HCA); MSGT Rigoberto Ruiz (TECH, USAF); LCDR Alisha Webb (HCA); LCDR Clark Hartley (HCA); CAPT Billy Jack Cantu (HCA, USAF); LT COL David Johnson (CRNA, USAF).



Guam – EMEDS-25 Mobile Intensive Care Unit. Pictured (L-R): LCDR Clark Hartley (HCA); MSGT Rigoberto Ruiz (TECH, USAF); LCDR Alisha Webb (HCA); LT Jonathan Tablada (HCA); LT COL David Johnson (CRNA, USAF); CAPT Billy Jack Cantu (HCA, USAF).

MSCs IN FOCUS



U.S. Naval Hospital Guam - Pictured Left: LT Harasimowitz provides support to U.S. Naval Hospital (USNH) Guam in assessing PPE burn rates (volume of PPE used). These metrics are currently being used by 7th Fleet to determine mission capabilities. In addition to hospital operations, LT Harasimowitz's team also provides critical supply chain support for Expeditionary Medical Facility and 3D Medical Battalion (Camp Pendleton), and USS Theodore Roosevelt (CVN-71).

Pictured Right (L-R): Mr. Mark Crisostomo receives direction from LT Eric Harasimowitz (HCA/MATMAN) for storage of personal protective equipment (PPE) stockpile in support of USNH Guam operations during response to COVID-19 pandemic.



Western Pacific Ocean – LCDR Richard Bly, POMI, deployed onboard USS BLUE RIDGE (LCC-19) leading healthcare operations for forward deployed ships, aircraft, submarines, and units in the Western Pacific.

LCDR Rebecca Pavlicek, Microbiologist, deployed onboard USS BLUE RIDGE (LCC-19) providing COVID-19 support to Commander, 7th Fleet in leading laboratory testing efforts for COVID-19.

MSCs IN FOCUS



Kandahar Airfield, Afghanistan - NATO Role 3 Multinational Medical Unit: MSC's forward deployed took the opportunity to meet with MSC Career Planner CAPT Klinger, who is currently serving as Whiskey Rotation's Executive Officer. In all, 14 MSC officers make up part of the Victor and Whiskey Rotations who were all together as Change of Command and turnover occurred recently. CAPT Klinger led a discussion regarding the future of Navy Medicine and the MSC community.

Top row (L-R): LT Charles Lee (HCA), LT Megan Hess (PT), LT Mark Fisher (HCA), LCDR Adam Sharrits (HCA), LCDR Thomas Warner (MedLog), LCDR Aaron Hill (PAD).

Bottom row (L-R): LT Christina Bravos (Pharmacy), LCDR Rey Mene (MedLog), LT Eric Porter (HC IS/IT), LT Ryan Hollins (PT), CAPT Jeffrey Klinger (HCA).



San Diego, CA – Staff from Medical Readiness Division (MRD) of Commander Naval Surface Forces Pacific (CNSP) and the Navy Environmental and Preventive Medicine Unit 5 (NEPMU5) prepare to execute COVID-19 testing simultaneously on 5 ships from the USS Nimitz Carrier Strike Group (CSG- 11). Pictured (L-R) CDR Gary Brice (Microbiologist, NEPMU5), HMC Richard Spees (MRD), HMC Nickolas Westberg (MRD), CDR Elmer Jimenez (POMI, MRD), LT Phong Trac (IHO, MRD), LT Dawn Whiting (EHO, NEPMU5), HM3 Tristan Zaragoza (MRD), LT Jessica Hru (MC, MRD), LT Keegan Gies (MC, MRD), LCDR Rees Adomako (MC, MRD), and LCDR Andrew Sullivan (MC, MRD).

Questions or comments? Email us at usn.ncr.bumedfcbva.list.msc-corps-chiefs-office@mail.mil.

MSCs IN FOCUS



Portsmouth, VA - Naval Medical Center Portsmouth (NMCP): NMCP staff members plant a tree in memory of LT Ruth Cortes, an Orthopedics Physician Assistant (PA) Fellowship member, on 20 May 2020. The tree is scheduled to be blessed by an NMCP Chaplain and will also hold a plaque with Cortes's name on it.

Upon NSA Hampton Roads approval, LT Ben Mattox, Orthopedic PA, Fellowship Director, CDR Kerri Browne, and a few of Cortes's fellow classmates planted a live oak tree to honor her memory. The live oak is in reference to the first six Navy frigate hulls that were made from live oak wood.

Pictured Top Middle (L-R) – LT Justin Loder (PA), LT Marshall Faulds (PA), LT Michael Moser (PA), LT Benjamin Mattox (PA), and CDR Kerri Browne (PA)

LT Ruth Cortes received her BS in Biology from San Diego State University in 2002. She started her military career in the Air Force Reserves March ARB in Riverside, California. She served there as an x-ray technician from 2003-2009. She then went on to earn her Master's degree in Physician Assistant Studies, MPH from Touro University in 2012. She then transferred to the Navy HPSP scholarship. As a Navy Physician Assistant she has served at Naval Hospital Camp Lejeune, CJSOTF FST Role II Afghanistan, Naval Hospital Guam, Naval Hospital Camp Pendleton and aboard the USS George Washington. LT Cortes started the Orthopedic PA Fellowship at Naval Medical Center Portsmouth June 2019. Her awards include Navy and Marine Corp Achievement Medal and the Army Commendation Medal.

Throughout all her duty locations she was described as an outstanding clinician, energetic and compassionate medical provider. LT Cortes was a highly motivated naval officer who welcomed challenges and believed it was an honor to work with this unique population of self-sacrificing men and women who deserve the best health care our country has to offer.



Questions or comments? Email us at usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.

MSCs IN FOCUS



Cherry Point, NC – LT Xarviera Appling (EHO), CAPT Doug Stephens (CO). NMRTC Cherry Point May's theme for SAPR: "COVID-19 and Domestic Violence". The acronym KEEP WATCH was made up by LT Appling (EHO) to draw attention to the steps needed to assist our sailors and staff with Domestic Violence. With everything that's going on in the United States with COVID-19, there has been an uptick in Domestic Violence.

Pictured Top Right: "Denim Day" is a campaign celebrated in honor of Sexual Assault Awareness Month. The campaign began after the Italian Supreme Court overturned a rape conviction as the justices felt the victim was wearing tight jeans and must have helped the rapist remove her jeans, thereby implying consent. The following day, the women in the Italian Parliament came to work wearing jeans in solidarity with the victim. Peace Over Violence developed the Denim Day campaign in response to this case and the activism surrounding it. Since then, what started as a local campaign to bring awareness to victim blaming and destructive myths that surround sexual violence has grown into a movement against the misconceptions that surround sexual violence.



Cherry Point, NC - Pictured (Left): LT Xarviera Appling, NMRTC Cherry Point Junior Officer of the Quarter. Department Head, Preventive Medicine, Asst. Emergency Manager, and SAPR POC. Environmental Health Officer for MCAS Cherry Point, she recently completed her Doctoral Degree.

Cherry Point, NC - Pictured (Right): LT Daniel Murrish, NMRTC Cherry Point Officer of the Year for CY 2019. Department Head, Laboratory, developed an Officer Mentorship Program to optimize availability and awareness of useful career resources among naval officers onboard Marine Corps Air Station Cherry Point.



Cherry Point, NC - The Bull – In keeping with Naval Traditions, the passing of the BULL was still conducted at NMRTC Cherry Point. Always vigilant and keeping with social distancing, ENS Adam Myers (HCA) received "Beau" from LTJG Cheryl Kivlehan (HCA).

Got photos?

Route your requests via your chain of command and send them to the **Corps Chief's Office** with the following information:

1. Location of picture
2. Rank/Full Name/Specialty of all Officers in picture
3. Suggested caption



Questions or comments? Email us at usn.ncr.bumedfchva.list.msc-corps-chiefs-office@mail.mil.

March/April 2020 Crossword Puzzle

NO WINNER

Across:

3.) HARP is a non-funded program in which enlisted personnel return to their hometowns for _____ days to assist local recruiters by relating their Navy experiences to their peers. (Hint: Spelled out)

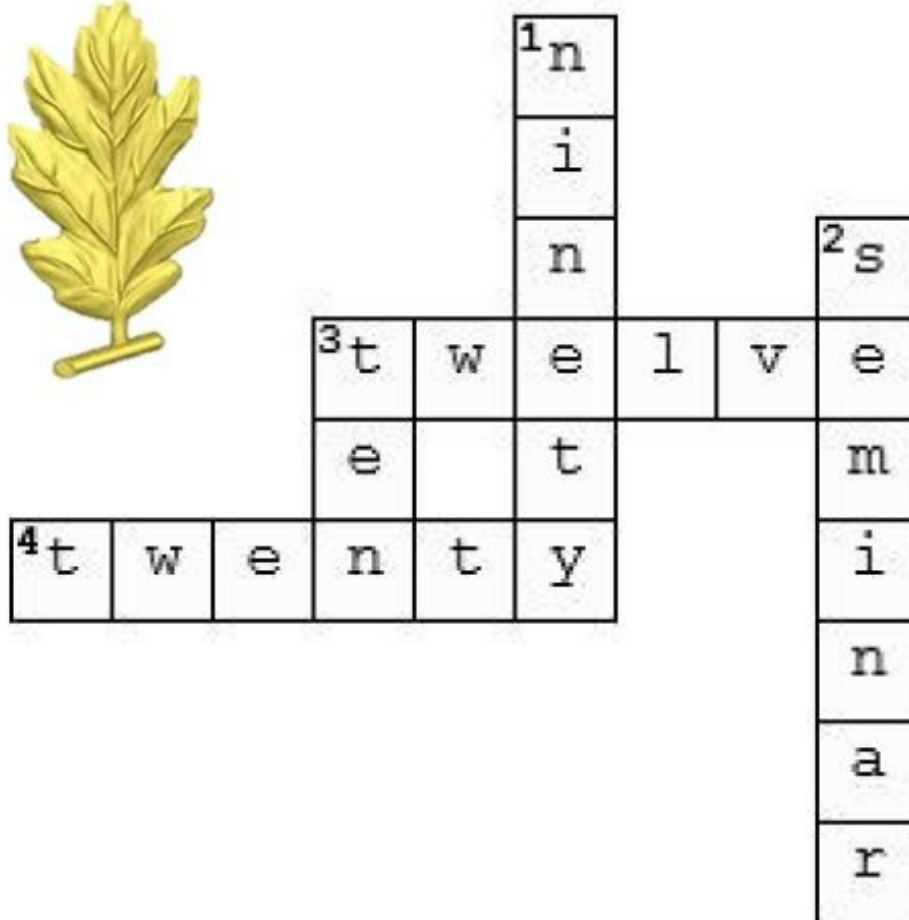
4.) SEMINAR temporarily returns highly qualified African American, Hispanic and Asian/Pacific Islander officers and senior enlisted personnel to their home communities for _____ days to meet with local influential community members and to discuss the vast education, career and advancement opportunities the Navy offers. (Hint: Spelled out)

Down:

1.) OHARP returns Navy officers to their hometown area for 14 to _____ days to assist officer recruiters in locating individuals for Navy officer programs. (Hint: Spelled out)

2.) NAVADMIN 027/20 Topic: HARP, OHARP, BJHARP, and _____ programs. (Hint: Abbreviated)

3.) BJHARP is a funded program in which outstanding junior enlisted personnel are given opportunity to return to their hometowns for a minimum of _____ working days. (Hint: Spelled out)



May 2020 Crossword Puzzle

By: LT Rommel R. Rabulan, HCA

Across:

3.) Offers _____ level Joint Professional Military Education (JPME-I) through a set of three courses: Strategy and War (S and W), Theater Security Decision Making (TSDM), Joint Maritime Operations (JMO), offered at multiple locations.

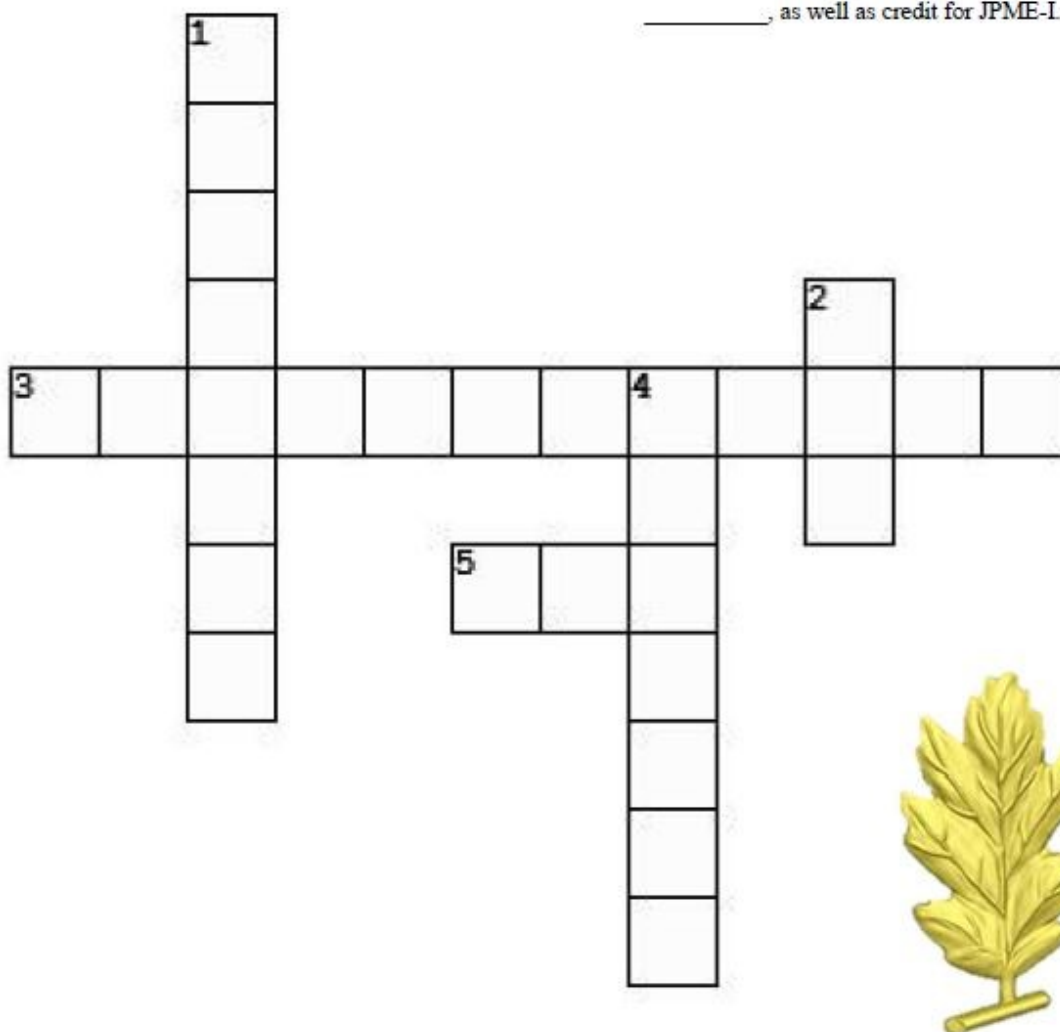
5.) NAVADMIN 141/20: Academic Year 2020-2021 Naval War College _____ (Hint: Abbreviated)

Down:

1.) Will be offered in _____ regional locations in the United States for academic year 2020-2021. (Hint: Spelled out)

2.) Each course normally requires one academic year to complete, which runs from September through the following _____.

4.) Successful completion of all three courses results in the award of a College of Naval Command and Staff _____, as well as credit for JPME-I.



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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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